

ANNUNCIATION GREEK ORTHODOX CHURCH

12250 N.W. 2nd Avenue North Miami, Florida 33168 Telephone: (305) 681-1061 • Fax: (305) 687-0600

September 17, 2012

Dear Mayor & Council:

Our organization has been part of the city of North Miami for over 48 years and has been an integral part of the community. In keeping with Greek traditions, we will be re-igniting our Greek Festival of North Miami beginning this year, on November 3-4, 2012. The event will include all the residents of North Miami plus Miami-Dade County's residents.

The festival will be held for two days and will allow the residents of Miami-Dade County to experience being "Greek" for a weekend. Folk dancing, crafts, tours of the Byzantine art in the church and a lot of music will make everyone enjoy a "Big Fat Greek Festival"!

The festival will include delicious Greek foods such as Gyros, Pastichio (Greek Lasagna), Greek sausages, Lamb, Lemon rice and many more homemade items including a wide assortment of pastries and baked goods. We will also have vendors selling an assortment of items ranging from jewelry to clothes. Children will enjoy face painting, sack racing and many other fun activities.

The Greeks want to promote the beauty of their culture for everyone to see and experience. By having this festival, members of the community will learn about the proud Greek heritage and its contributions to the modern world.

The organization wants to make this a successful festival for the city and its residents. It seeks the support of the community so this can be a fun, joyous and happy occasion. The Greek Festival would like to have a Gold Sponsorship from the city in the amount of \$60,000 (almost the same as our Winter Festival Thanksgiving Parade) to pay for advertising & marketing, police officers, signage, permits, etc.

Please note that this is the first time the Greek Festival is asking for a Sponsorship from the city in 48 years. This will be a large affair so the organization needs the assistance of North Miami to make it a successful one. Join us in making it memorable!

We have submitted the events package to Andrea Ramos and are working with Parks & Recreation to comply with all the requirements that the city is imposing.

If you have any questions, please do not hesitate to call me at the above number or at 305-577-7494.

Sincerely,

Catherine Christofis

them Clusteffe

Vice President

Facsimile Transmission

DATE:	9/ 22 /12	# OF PAGES	(including cover sheet)
TO:	Mayor Pierre	FROM:	Catherine Christofis
COMPANY:		DEPT:	
PHONE #:		PHONE #:	305-577-7494
FAX #:		FAX #:	
URGENT	For your review	Reply ASA	AP Please Comment
	REM	IARKS	
Mayor Pierre,			Oct 9,2012
We have starte	ched letter. Can you please ped the process for obtaining aldrea Ramos this Wednesday.	ut this item on the large of th	ne agenda for Sept. 25, 2012?
If you have any	y questions, please do not hes	itate to call me a	at the above #.
Thank you!			
Catherine			
Mr. M	anager: e need appr		
W	e need appr	val for	- liquor
permit	+ banner.	Needs	to go in front of
20	per Parks t		
	_ "		henle You!

Pineda, Mayda

From:

Ramos, Andrea

Sent:

Tuesday, October 02, 2012 11:21 AM

To: Cc: Pineda, Mayda Geimer, Jeff

Subject: Attachments:

Greek Festival SPECIAL EVENT APP GREEK CHURCH-09192012150109.pdf

Please find the attached application to be attached to the council agenda.

Also, the group is requesting use of the Street Banner across 125 Street. This is something that the city has not permitted for a number of years. It was previously done for the WinterNational Thanksgiving Day Parade, however, FDOT does not allow and had the city remove the street pole banners where the banner was secured on.

Additionally, they are requesting the permit to serve liquor at their festival and will request permission.



Parks & Recreation Department 12300 NE 8th Avenue North Miami, FL 33161 305-895-9840, ext. 12227 Phone 305-892-8639 Fax aramos@northmiamifl.gov www.northmiamifl.gov/parks

green North Miami Please print only if necessary

The City of North Miami is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mail sent and received is captured by our servers and kept as a public record.



ANNUNCIATION GREEK ORTHODOX CHURCH

12250 N.W. 2nd Avenue North Miami, Florida 33168 Telephone: (305) 681-1061 • Fax: (305) 687-0600

August 21, 2012

METROPOLIS

OF ATLANTA
Dear Sir/Madam:

Our organization has been part of the city of North Miami for over 48 years and has been an integral part of the community. In keeping with Greek traditions, we will be re-igniting our Greek Festival of North Miami beginning this year, on November 3-4, 2012. The event will include all the residents of North Miami plus Miami-Dade County's residents.

The festival will be held for two days and will allow the residents of Miami-Dade County to experience being "Greek" for a weekend. Folk dancing, crafts, tours of the Byzantine art in the church and a lot of music will make everyone enjoy a "Big Fat Greek Festival"!

The festival will include delicious Greek foods such as Gyros, Pastichio (Greek Lasagna), Greek sausages, Lamb, Lemon rice and many more homemade items including a wide assortment of pastries and baked goods. We will also have vendors selling an assortment of items ranging from jewelry to clothes. Children will enjoy face painting, sack racing and many other fun activities.

The Greeks want to promote the beauty of their culture for everyone to see and experience. Sharing the best of Greek culture with North Miami and beyond has made people appreciate and understand Greeks more. By having this festival, new members of the community will learn about the proud Greek heritage and its contributions to the modern world.

The organization would like to place a vinyl banner across 125th Street to let everyone know about this wonderful event. Many cities such as Miami allow banners across major thoroughfares to announce festivals and major events. Coconut Grove always places banners across Ingraham Hwy. to inform the public regarding the Coconut Grove Arts Festival, Goombay and their annual Bedlam Race. Coral Gables also allows banners to announce their Orange Jr. Bowl Parade. Pinecrest uses them for their Farmer's Markets.

Unfortunately, our city does not allow banners to be placed across road ways at this time. The church respectfully requests a change to this law so that it will be allowed to place the banner across 125th Street, near City Hall.

The organization wants to make this a successful festival for the city and its residents. It seeks the support of the community so this can be a fun, joyous and happy occasion.

If you have any questions, please do not hesitate to call us at the above number or at 305-577-7494.

Sincerely,

Catherine Christofis

Catherine Cutys

Vice President

🖒 City National Bank

Catherine Christofis

Assistant Vice President Trainee RI 22917 her compace

305-577-7494 Phone 786-313-5610 Fax catherine.christofis@citynational.com

1450 Brickell Avenue Suite 2800 Miami, FL 33131

citynational.com

City of North Miami COMMUNITY EVENT APPLICATION *For office use only*

Please fill out this application completely.
Stid Ser page Que. (J. Dr. Line Med
Are you requesting a fee waiver for City facilities and services? Yes No
EVENT 1. Event Name: Greek Festival of North Miami 2. Requested Location: On church grounds' • Alternate Location (if requested location is not available):
3. Date: Nov 3-4, 2012 Rain-Out or Alternate Date (If date requested is not available): If more than one (1) day please specify: Day 1: Nov 3 Day 2: Nov 4
4. Actual Event Start Time: Begin: 11:00 am End: 11:00 pm
5. Set-up Date: Nov 2, 2012 Set-up Time: 9:00 am
6. Breakdown Completed Date: Nov. 5, 2012 Breakdown Completion Time: 10:00 pm
7. Estimated amount of people attending: 1,000 (more)
8. Type of Event: check all that apply
Award Show V Festival Fund-Raiser Concert / Performance Fair / Carnival Political Religious Sporting Event Other Political
Please also provide a detailed description of your event on your organizations letterhead.
9. Number of times this event has taken place in the City of North Miami: Annually for the past 6
10. Was this event presented in other cities? Yes No
• If yes, what cities:
11. References: Name:Phone: Email:
Name:Phone: Email:
ORGANIZATION
• What type is your organization: Please circle all that apply.
For Profit Non Profit Governmental Neighborhood Association Other:
· Name: Greek Orthodox Church of the Annunciation Address: 12250 NW 2nd Avenue
City: North Manie State: FL Zip: 33168 Phone: 305-681-1061 Fax: 305-687-0600 E-Mail: Solitaire. streegmail.
· Contact persons name: Catherine Christofis
Phone: 305-577-7494 Cell: 305-815-8345 E-Mail: Same as above

•	Alternate contact person: Maro Panayiotou
	Phone: Cell: 308 -542 - 3682 E-Mail: 9 ponginals
4	
14.2	
LOGIS	STICS -
12. Wil	Il you require road closure? Yes No
Ify	es, please describe what streets you want closed and the closing and opening dates / times.
• 1	1W 122nd Street (s) from: NW 2nd Ave to: NW 3rd Avenue
	Closure date: NOV 3, 2012 Time: 11:00 am
•	Opening date: Nov 5, 2012 Time: 11:00 am Time: Monting
12A	Approximate number of vehicles anticipated: 70-100
	omputerized map attached showing cross streets and location of proposed venue; along with staging set up and
full	logistical set-up must be included in your packet.
e de la constante de la consta	
13. Wil	Il you be securing your event with fencing? YesNo
14. Wil	Il you need trash removal? YesNo
•	If yes, how many dumpsters? How many pick ups?
	Sance Halle D. Cold Contract District Contract of the Contract
15. Are	you requesting use of the City's Showmobile? Yes No
	Use of Showmobile will require a non-waivable fee to cover cost of set up and breakdown.
	This fee cannot be waived.
16. Wil	If you require temporary electrical work. Tos
•	If yes, please provide electricians name:
•	Business Name: Phone:
	(Note: The electrician you hire needs to apply for a permit through the City of North Miami.)
17. Wil	Il you be erecting the any of the following?
	Yes No How Many Size / Dimension
	Tent Ticket Booth Tent Ticket Booth Tent Ticket Booth Tent Ticket Booth
	Staging — — — — — — — — — — — — — — — — — — —
	Other Temporary Structure
	Note: Tent permits are required for tents larger than 10' x 10'.
	(Please include these items on your site map and provide the City a detailed floor plan for the event.)

18. Will your event include any of the following? Fireworks Games for children • If yes, please provide a detailed description: HIA	Mechanical / Amusement Rides
Company Name:	
Insurance Carrier: Agents Name:	Phone:
19. Will music be played? Yes No No	If yes, what type?
• Name of Sound Company: Sasha Band Address: Total language of the forest control of the same of the	Phone:
SAFETY 20. List the beverages to be served: Coke, Sprite, Water Non-Acting and Marketing Coke, Sprite, Water If yes, what	type: Beer / Wire
Maybe not though - not decided	
22. Will Food be served? Yes No_ If yes, what Greek lasagna, Gyros, Pastries, e	type? Vanious Hems-
CONSPSSIONALITY RESIDENCE OF THE DESIGNATION OF THE	donalie i filika sektilia ilia permitted area.
23. You are required to hire City of North Miami police for your event. [No police Department determined by the constitution of the constitution	

24. You may be required to hire EMS to be on-site at your event. The City of North Miami Special Events Supervisor will advise you accordingly.

RISK MANAGEMENT

Prior to the commencement of any event, the City of North Miami requires organizers of the special event to provide the City with a valid certificate of insurance showing:

General Liability Insurance: \$1,000,000 minimum combined single limit for bodily injury and property damage.

\$1,000,000 minimum limit, if alcoholic beverages are being served or sold at the event. Liquor Liability Insurance:

Statutory coverage. Workers' Compensation

\$500,000 / accident / disease / policy limit. **Employers' Liability:**

Proof of workers' compensation coverage is required from employers with four (4) or more employees.

- All Certificates of Insurance shall include a description of the special event, event location and event date(s).
- All liability policies shall be issued by an "A" rated or better insurance carrier, endorsed by A & M Best and authorized to transact business in the State of Florida.
- The City of North Miami must be named additional insured on all liability policies.
- The issuing insurer shall endeavor to notify the City of any policy cancellation by mailing 10 days written notice to the City prior to issuance of a cancellation notice.
- All special event organizers shall indemnify and save the City harmless from any and all claims, suits, actions, damages or causes of action arising as a result of the special event.

Sign here to verify you have read the entire event application and conditions.

Catherine Christofis	
Print Name	1 - 1
Cathern Clustifes	8/17/12-
Signature	Date

Please return the completed application and detailed description of the event on your organizations letterhead and site map to:

North Miami Parks and Recreation Department 12300 NE 125 Street,

North Miami, FL 33161

Attn: Special Events Division

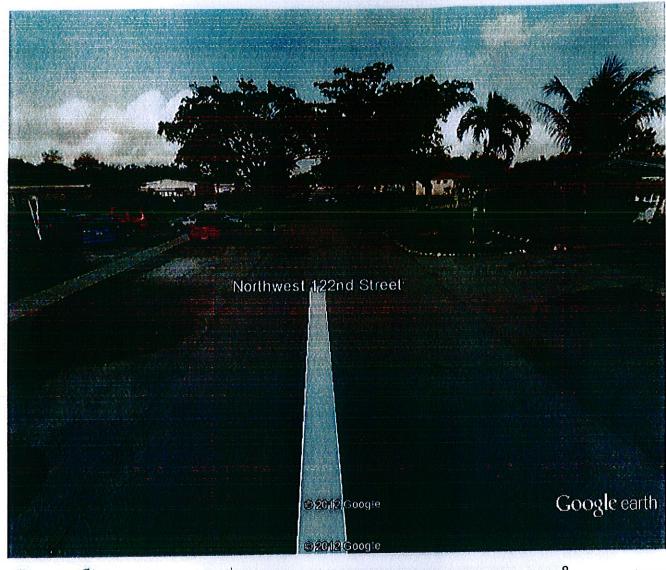
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PERSONAL PROPERTY.							美亚于大水 木市	Ø
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Forms Required Checklist

- Proof of Organization Identification-from the State of Florida
- Detailed Description of Event (1 page) on business/organization letterhead. 2.
- Proof of Insurance or quote for special event insurance.
- Layout map-must be computerized (not handwritten)
- Tent Permit (required for any tents larger than 10 x 10) application in the Building & Zoning Dept. 5.
- Map of cross streets and road closures.
- Proof of liquor license (if serving alcohol) this requires city council approval
- Proof or Worker's Compensation (for organizations with 4 or more employees)

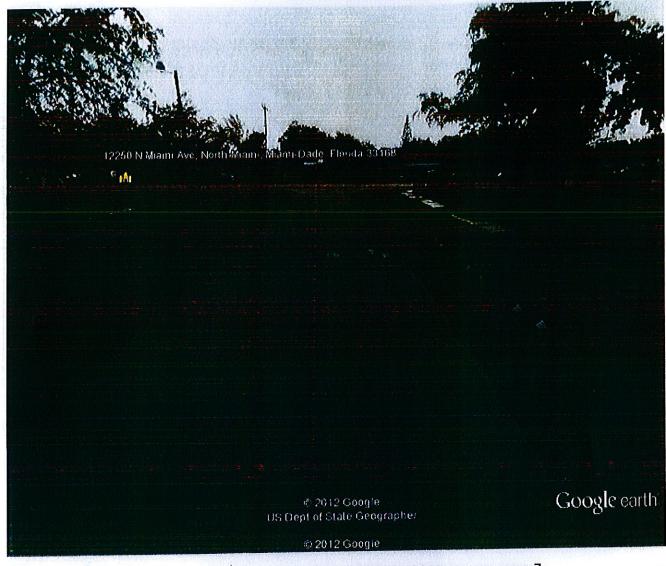


From NW and Ave to NW 3rd Avenue



Google earth

feet meters 2



Google earth

feet meters 2

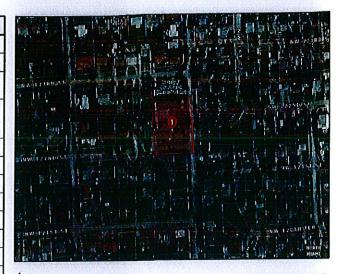


MIAMI-DADE COUNTY OFFICE OF THE PROPERTY APPRAISER PROPERTY SEARCH SUMMARY REPORT

Honorable Pedro J. Garcia Property Appraiser

Property Informa	ation:
Folio	06-2125-000-0120
Property Address	12250 NW 2 AVE
Owner Name(s)	GREEK ORTHODOX CH OF THE ANNUNCIATION NO MIA
Mailing Address	12230 NW 2 AVE MIAMI FL 33168-4529
Primary Zone	0700 SINGLE FAMILY RESIDENCE
Use Code	0044 RELIGIOUS
Beds/Baths/Half	0/0/0
Floors	1
Living Units	0
Adj. Sq. Footage	10,497
Lot Size	52,272 SQ FT
Year Built	1958
Legal Description	25 52 41 1.20 AC N418FT OF E210FT OF SE1/4 OF SW1/4 LESS N105FT & S61FT LOT SIZE 52272 SQUARE FEET

	Current	Previous
Year	2011	2010
Land Value	\$120,226	\$156,816
Building Value	\$1,043,465	\$1,052,030
Market Value	\$1,163,691	\$1,208,846
Assessed Value	\$1,163,691	\$1,208,846
Exemption Information	tion:	
	Current	Previous
Year	2011	2010
Homestead	\$0	\$0
2nd Homestead	\$0	\$0
Senior	\$0	\$0
Veteran Disability	\$0	\$0
Civilian Disability	\$0	\$0
Widow(er)	\$0	\$0



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Aerial Photography 2010

Taxable Value Infor	The second secon	Desident
	Current	Previous
Year	2011	2010
Vita in the second	Exemption/Taxable	Exemption/Taxable
County	\$1,163,691 / \$0	\$1,208,846 / \$0
School Board	\$1,163,691 / \$0	\$1,208,846 / \$0
City	\$1,163,691 / \$0	\$1,208,846 / \$0
Regional	\$1,163,691 / \$0	\$1,208,846 / \$0

Disclaimer:

The Office of the Property Appraiser and Miami-Dade County are continually editing and updating the tax roll and GIS data to reflect the latest property information and GIS positional accuracy. No warranties, expressed or implied, are provided for data and the positional or thematic accuracy of the data herein, its use, or its interpretation. Although this website is periodically updated, this information may not reflect the data currently on file at Miami-Dade County's systems of record. The Property Appraiser and Miami-Dade County assumes no liability either for any errors, omissions, or inaccuracies in the information provided regardless of the cause of such or for any decision made, action taken, or action not taken by the user in reliance upon any information provided herein. See Miami-Dade County full disclaimer and User Agreement at http://www.miamidade.gov/info/disclaimer.asp.



Detail by Entity Name

Florida Non Profit Corporation

GREEK ORTHODOX CHURCH OF THE ANNUNCIATION, INC.

Filing Information

 Document Number
 N05000000059

 FEI/EIN Number
 591660011

 Date Filed
 01/03/2005

 State
 FL

 Status
 ACTIVE

Last Event REINSTATEMENT
Event Date Filed 11/06/2006

Event Effective Date NONE

Principal Address

12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US

Changed 11/06/2006

Mailing Address

12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US

Changed 11/06/2006

Registered Agent Name & Address

PEREIRA, JOSEPH A JR 10300 SW 72 ST 470J MIAMI FL 33173 US

Officer/Director Detail

Name & Address

Title P/D

PANAYIOTOU, MARO 12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US

Title VP/D

CHRISTOFIS, CATHERINE 12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US

Title T/D

TASCHIOGLOU, JOHN 12250 NW 2ND AVENUE NORTH MIAMI FL 33168 US

Title S/D

SEBEKOS, KONSTANTINOS 12250 NW 2ND AVENUE NORTH MIAMI FL 33168

Title DIR

STEFAS, ANNA 12250 NW 2ND AVE NORTH MIAMI FL 33168

Annual Reports

Report Year Filed Date

2010 05/23/2010 2011 03/20/2011

2012

03/12/2012

Document Images

03/12/2012 ANNUAL REPORT	View image in PDF format
03/20/2011 ANNUAL REPORT	View image in PDF format
05/23/2010 ANNUAL REPORT	View image in PDF format
04/25/2010 ANNUAL REPORT	View image in PDF format
04/13/2009 ANNUAL REPORT	View image in PDF format
04/28/2008 ANNUAL REPORT	View image in PDF format
04/25/2007 ANNUAL REPORT	View image in PDF format
11/06/2006 REINSTATEMENT	View image in PDF format
01/03/2005 Domestic Non-Profit	View image in PDF format

Note: This is not official record. See documents if question or conflict.

Previous on List

Events

Next on List

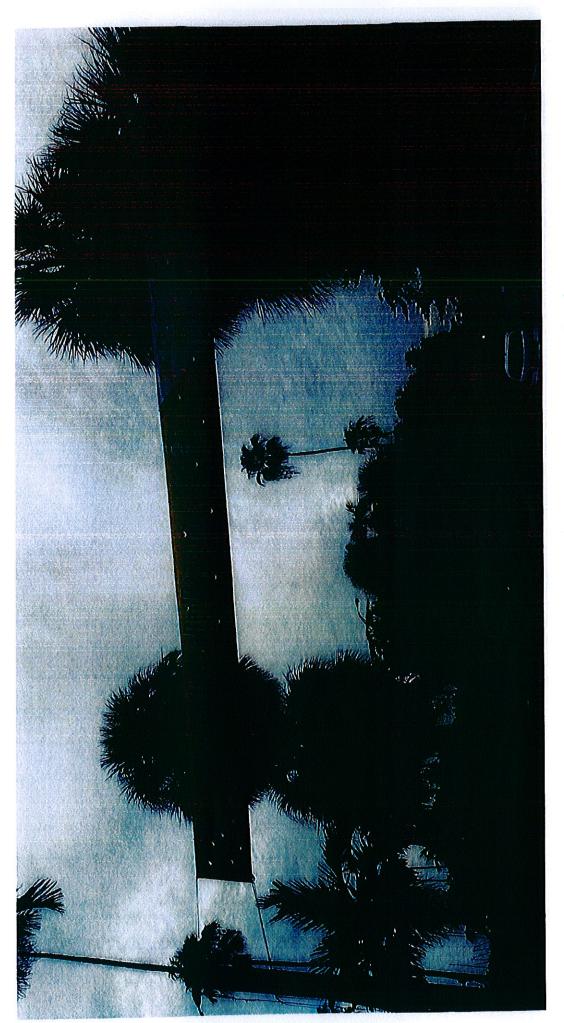
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Coconut Grove Barner 8/21/12



SCOTTSDALE INSURANCE COMPANY®

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

In Witness Whereof, the Company has caused this policy to be executed and attested.

Secretary

President

The information contained herein replaces any similar information contained elsewhere in the policy.

COMMON POLICY DECLARATIONS

Renewal of CPS1423531



SCOTTSDALE INSURANCE COMPANY®

Policy Number CPS1650658

Home Office:

One Nationwide Plaza Columbus, Ohio 43215
Administrative Office:

8877 North Gainey Center Drive Scottsdale, Arizona 85258 1-800-423-7675

A STOCK COMPANY

ITEM 1. Named Insured and Mailing Address

GREEK ORTHODOX CHURCH OF THE ANNUNCIATION, INC.

12250 NW 2ND AVE

Agent Name and Address

N. MIAMI, FL 33168

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

SOUTHERN CROSS UNDERWRITERS, INC. 7700 WEST CAMINO REAL, SUITE 201

BOCA RATON, FL 33433

Agent No.: 09037

Program No.: A6

ITEM 2. Policy Period

From: 08/04/2012

To: 08/04/2013

Term: 365 DAYS

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description:

GREEK ORTHODOX CHURCH

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)		Premium Summary
Commercial General Liability Coverage Part		\$3,228
Commercial Property Coverage Part		\$4,805
Commercial Crime And Fidelity Coverage Part		\$NOT_COVERED
Commercial Inland Marine Coverage Part		\$ NOT COVERED
Commercial Auto Coverage Part		\$ NOT COVERED
Professional Liability Coverage Part		\$ NOT COVERED
Professional Clabinty Governage Factor		\$
Surplus Lines Agent: James Lee Delmolino		\$
Address 13577 Feather Sound Drive Suite 100 Clearwater, FL 33762	Total Policy Prem ium:	\$8,033.00
License No. A065437	\$35/INSPECTION FEE \$200	\$235.00
Producing Agent: BARBARA COLLINS Agents Address: 7600 W 20TH AVENUE, STE 214	SURPLUS LINES TAX	
City/State: HIALEAH, FL 33016 THIS INSURANCE IS ISSUED PURSUANT TO THE	STAMPING OFFICE FEE	\$8.27
FLORIDA SURPLUS LINES LAW. PERSONS	FL EMPATF	\$4.00
INSURED BY THE SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA	FL HURRICANE CAT FUND	\$107.48
INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE	CITIZENS EMERGENCY	
OBLIGATION OF AN INSOLVEN UNLICENSED		\$8,883.83
INSURER.		The state of the s

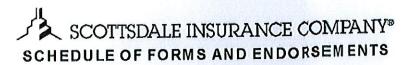
Form(s) and Endorsement(s) made a part of this policy at time of issue:

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

KH

James L Delinolino

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH
THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY,
COMPLETE THE ABOVE NUMBERED POLICY.



	00016	E 0.6 % 0	Effective Date:	08/04/2012
Policy No	CPS16	30038	Ellective Date.	12:01 A.M., Standard Time
Named Insured	GREEK	ORTHODOX CHURCH OF THE	Agent No	09037
		COMMON FORMS UTS-COVPG 12-09 OPS-D-1 8-10 UTS-SP-2 12-95 UTS-SP-3 8-96 IL 09 53 1-08 GENERAL LIABILITY FOLS-SD-1L 8-01 CLS-SD-1L 8-01 CLS-SD-1L 10-93 CG 00 01 12-07 CG 00 68 5-09 CG 20 22 10-01 CG 21 01 11-85 CG 21 38 11-85 CG 21 39 10-93 CG 21 49 9-99 GLS-445 8-04 GLS-1065 1-11 GLS-2895 11-07 GLS-3105 10-09 UTS-1285 10-07 UTS-2465 9-08 UTS-3655 2-09 PROPERTY FORMS CPS-SD-1 10-10 CPS-SP-4 10-10 CPS-SP-4 10-10 CP 00 10 6-07 CP 00 90 7-88 CP 01 40 7-06 CP 10 32 8-08 CP 10 54 6-07 CP 10 1 1-10 UTS-29-FL 6-97 POLICYHOLDER NOTICE NOTX0178CW 2-06 UTS-278g 9-06 NOTS0381FL 7-09	Locations Schedu Excl Cert Acts T ORMS GL Supplemental GL Ext Supplement General Liab Con Recording/Distri AI-Church Member Excl-Athletic-Sp Excl-Pers & Adve Contractual Liab Total Pollution Sexual-Physical Sexual-Physical Sexual-Physical Sexual-Physical Known Injury/Dmg Exclusion-Chines Clergy Counselin Optional Provisi Amend Endts No Amend Of Nonpayn Property Supplem Property Ext Sup Building & Perso Property Conditi Excl Of Loss Due Causes Of Loss-S Water Exclusion Windstorm Or Hai Burglary-Rob Pro	Dec tal Dec tal Dec bution Of Material/Info s officers orts Partic ortsing Injury Limitation Excl Abuse Liab Cov Abuse Excl Excl-Personal/Advertise Injury se Drywall ons Endt Med Pay Excl ent Cancel Condition mental Dec oplemental Dec oplemental Dec ons e To Virus Or Bacteria Special Form Endt Il Excl otect Safeguard Information The Number

ADDITIONAL FORMS



SCHEDULE OF LOCATIONS

Dallas Ma	CPS1650658	Effective Date 08/04/2012	
Policy No.	CLUTOSCO	12:01 A.M. Standard Time	
Name of Incured	GREEK ORTHODOX CHURCH OF THE	Agent No. 09037	

Prem.	Bldg.	Designated Premises (Address, City, State, Zip Code)	Occupancy
No.	No. 1 - 2	(Address, City, State, Zip Code) 12250 NW 2ND AVE N. MIAMI, FL 33168	GREEK CRTHODOX CHURCH

IL 09 53 01 08

POLICY NUMBER: CPS1650658

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF CERTIFIED ACTS OF TERRORISM

This endorsement modifies insurance provided under the following:

BOILER AND MACHINERY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART CRIME AND FIDELITY COVERAGE PART EQUIPMENT BREAKDOWN COVERAGE PART FARM COVERAGE PART STANDARD PROPERTY POLICY

SCHEDULE

The Exception Covering Certain Fire Losses (Paragraph C) applies to property located in the following state(s), if covered under the indicated Coverage Form, Coverage Part or Policy:

State(s)	Coverage Form, Coverage Part Or Police
	The state of the s

A. The following definition is added with respect to the provisions of this endorsement:

"Certified act of terrorism" means an act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States, to be an act of terrorism pursuant to the federal Terrorism Risk Insurance Act. The criteria contained in the Terrorism Risk Insurance Act for a "certified act of terrorism" include the following:

- The act resulted in insured losses in excess of \$5 million in the aggregate, attributable to all types of insurance subject to the Terrorism Risk Insurance Act; and
- 2. The act is a violent act or an act that is dangerous to human life, property or infrastructure and is committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

B. The following exclusion is added:

CERTIFIED ACT OF TERRORISM EXCLUSION

We will not pay for loss or damage caused directly or indirectly by a "certified act of terrorism". Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

C. Exception Covering Certain Fire Losses

The following exception to the exclusion in Paragraph B. applies only if indicated and as indicated in the Schedule of this endorsement.

If a "certified act of terrorism" results in fire, we will pay for the loss or damage caused by that fire. Such coverage for fire applies only to direct loss or damage by fire to Covered Property. Therefore, for example, the coverage does not apply to insurance provided under Business Income and/or Extra Expense coverage forms or endorsements which apply to those forms, or to the Legal Liability Coverage Form or the Leasehold Interest Coverage Form.

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a Program Year (January 1 through December 31) and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

D. Application Of Other Exclusions

The terms and limitations of any terrorism exclusion, or the inapplicability or omission of a terrorism exclusion, do not serve to create coverage for any loss which would otherwise be excluded under this Coverage Part or Policy, such as losses excluded by the Nuclear Hazard Exclusion or the War And Military Action Exclusion.

SCOTTSDALE INSURANCE COMPANY®

COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

Policy No	CPS1650658	Effective Date	08/04/2012 12:01 A.M., Standard Time
Named Insured	GREEK ORTHODOX CHURCH OF THE	Agent No	09037
Item 1. Limits o	of Insurance		
Roll II Ellino	Coverage		Limit of Liability
Aggregate Lim	The state of the s	\$1,000,000	Products/ Completed Operations Aggregate
		\$2,000,000	General Aggregate (other than Products/ Completed Operations) any one occurrence subject
	odily Injury and Property Damage Liability	\$1,000,000	to the Products/ Completed Operations and General Aggregate Limits of Liability
		100,000	any one premises subject to the Coverage A occurrence and the General Aggregate Limits of Liability
	mises Rented to You Limit	\$ 100,000	any one person or organization
Coverage B - F			subject to the General Aggregate
A	Advertising Injury Liability	\$ EXCLUDED	Limits of Liability
Coverage C - N	Medical Payments	\$ 5,000	any one person subject to the Coverage A occurrence and the General Aggregate Limits
Itom 2 Descrip	otion of Business		
Form of Busine Individ Organ	955:		☐ Limited Liability Company or Limited Liability Company)
Item 3. Forms	and Endorsements		
Form(s) and E	ndorsement(s) made a part of this policy at t	ime of issue:	
See Sche	dule of Forms and Endorsements		
Item 4. Premiu	ıms		¢
Coverage Par	t Premium:		\$ 3,228
Other Premiur	n:		\$ \$ 3,228
Total Premium) [*]		3 3,640

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.